

REQUEST TO ADD OR REMOVE INSTRUCTOR**ADMINISTRATOR CERTIFICATION SECTION (ACS)**

INSTRUCTIONS: When adding or removing an instructor to a previously approved course, please complete the information below and on page 2. Submit to ACS allowing at least 30 days upon receipt for processing. Submit a separate request for each course. Mail the request(s) to CDSS, ACS, 744 P Street, M.S. 19-47, Sacramento, CA 95814.

(1) Vendor Business Name	Vendor Approval Number	Business Phone Number
(2) Vendor Mailing Address (Street Address, City, State, Zip Code)		Business E-mail Address
(3) Name of Proposed Instructor (Attach the instructor's resume with a copy of the approved course outline):		
(4) Name of Instructor to be Removed		
(5) Course Title		

(6) If the request is specific to an Initial Certification Training Program, identify program type and indicate which component(s) of the training the instructor is being proposed to teach:

☐ RCFE 40-Hour
(740-1)

☐ ARF 35-Hour
(735-1)

☐ GH 40-Hour
(730-1)

- ☐ Law & Regs
☐ Community & Support Services
☐ Admission & Assessment
☐ Business Operations

- ☐ Management/Supervision
☐ Physical Needs
☐ Alzheimer's & Dementia
☐ Psych/Social Needs

- ☐ Medication
☐ Emergency Intervention/NonViolent

(7) Course Number (specific to continuing education courses). If the course is approved for co-location, list each course number next to the program type.

- ☐ GH CEU approval number: _____
☐ ARF CEU approval number: _____
☐ RCFE CEU approval number: _____

☐ Your request has been approved

☐ Your request has been denied.

☐ The following additional information is needed to evaluate the instructor's resume: _____

PRINT NAME OF VENDOR/AUTHORIZED REPRESENTATIVE	SIGNATURE OF VENDOR/AUTHORIZED REPRESENTATIVE	
TITLE	DATE	
SIGNATURE OF ANALYST	DATE	

NAME OF INSTRUCTOR	SOCIAL SECURITY NUMBER *
(10) Does the instructor currently possess or has previously held a license, certification or other approval as a professional in a specified field? If yes, please indicate the type of license(s) or certificate(s) and number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
(11) Has the instructor held or currently holds a government-issued facility license to operate and provide services to individuals? If yes, please indicate the type of license(s) and license number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
(12) Is the instructor currently employed or was previously employed by a community care facility? If yes, please indicate the facility name(s) and license number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
(13) Has the instructor been the subject of any administrative, legal or other action involving licensure, certification, or other approvals as specified in (10), (11), and (12) above? If yes, please explain and provide dates. If additional space is needed, please attach to this application. <input type="checkbox"/> YES <input type="checkbox"/> NO	
I declare under penalty of perjury that the foregoing information is true.	
SIGNATURE	DATE

NAME OF INSTRUCTOR	SOCIAL SECURITY NUMBER *
(10) Does the instructor currently possess or has previously held a license, certification or other approval as a professional in a specified field? If yes, please indicate the type of license(s) or certificate(s) and number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
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* Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

* Disclosure of Social Security Number(s) is optional.